

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23519**

FILED JUL 26 1956

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) Fayette, Mo.		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY OR TOWN Fayette		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rhodes Nursing Home				STREET ADDRESS (If rural, give location) 303 S. Main Street 045/0			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) PETER		c. (Last) COLEMAN	
4. DATE OF DEATH		(Month) June		(Day) 19,		(Year) 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 19, 1858	
9. AGE (In years last birthday) 97		IF UNDER 1 YEAR Months 7 Days 0		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Book Company		11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Berley Coleman		13b. MOTHER'S MAIDEN NAME Nancy Olivia Hamner		14. NAME OF HUSBAND OR WIFE Alice Elizabeth Perkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, date or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Berkhart Talbot, Fayette, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. hypertension DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 				INTERVAL BETWEEN ONSET AND DEATH 1 year Indeterminate	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 443x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 			
22. I hereby certify that I attended the deceased from July , 19 52 , to June 19 , 19 56 , that I last saw the deceased alive on June 6 , 19 56 , and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. J. Law, Jr. M.D.		(Degree or title)		23b. ADDRESS Lee Hospital, Fayette, Mo.		23c. DATE SIGNED 6-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/22/1956		24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery		24d. LOCATION (City, town, or county) (State) Chariton County, Mo.	
DATE REC'D BY LOCAL REG. 6-21-56		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Felsh & Carr Fayette, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~on~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 334

P. O. Address Fayette, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.